

Arranged by

BrooksBraithwaite

(Sussex) LTD

Part of the Petc🐾ver Group

Petplan[®]
Sanctuary

Petplan Sanctuary

Proposal Form for Dog Clubs & Societies

Please return completed form to:

Petplan Sanctuary
4 Bridge Road Business Park
Haywards Heath
RH16 1TX

Email: enquiries@petplansanctuary.com

Reference _____

**Pet business
insurance**

Proposal Form - Dog Clubs & Societies

Please complete this proposal form in full and ensure that it is signed by all proposer(s). If you are unsure of any definitions used, or the relevance of any sections, then please refer to the Policy Information document or call us on 0345 070 1064. If you would like a copy of the Terms and Conditions, Petplan Sanctuary (0345 070 1064) will be able to supply you with a copy.

If you need any additional space to complete any questions, please use an additional sheet.

If the insurance is to apply to more than one premises, please complete a separate form for each.

You must ensure that the information given in this application is true and complete, further assistance can be provided by Petplan Sanctuary (0345 070 1064).

When we have received the necessary information to process your Policy, we will promptly dispatch documentation to you. If we require any further information we will request it within a few days of receiving this proposal.

We are committed to providing policyholders with the highest level of service. To that end we have set ourselves guidelines within which we will undertake important processes such as providing quotations, issuing policies and facilitating the settlement of claims.

ABOUT THE CLUB/SOCIETY *(please answer all questions)*

Club Name:

Name of Secretary:

Name of Treasurer:

Name & Address for correspondence:

 Postcode:

Home telephone number:

Mobile telephone number:

Email address:

Please describe the activities of your club/society:

How many years has the club/society been established?:

Please state the date from which cover is required: *(please note that cover cannot be backdated)*

Is live ammunition used in any part of your club/society activities? Yes No

PREVIOUS HISTORY

Note: the following questions are to be answered in respect of you and all club officials of the club/society proposed or in the name of any other business in which any of you have had an interest

Have you been insured for these risks before? Yes No

(If Yes, please give details)

Name of Insurance Co.	Policy No.	Renewal Date(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you ever had:
 - any proposal or insurance of a similar nature declined, cancelled or refused? Yes No

(If Yes, please give details below)

- any renewal refused or special terms or conditions imposed (other than the insurer no longer writes this class of business)? *(If Yes, please give details)* Yes No

Please continue on a separate sheet *(if required)* and tick this box

PREVIOUS HISTORY - continued

Have you sustained any loss or damage or incurred any liability in the last 5 years which has, or could have resulted in a claim?

Yes No

(If Yes, please give details)

Date	Details	Paid / Outstanding (£)

In the last 5 years, have you, any official, owner, director, manager or other person connected with this application ever been convicted of, or are due to stand trial for; any offence involving arson, criminal deception, forgery, any crime or violence or any other offence against property or have any prosecutions pending?

Yes No

(If Yes, please give details)

Within the last 3 years, have you, any official, owner, director, manager or other person connected with this application been declared bankrupt, received a County Court Judgment, have any outstanding arrangements with creditors or been a director of any company that went into liquidation?

Yes No

(If Yes, please give details)

Has any club official ever been prosecuted in connection with health and safety legislation?

Yes No

(If Yes, please give details)

Please complete each section, indicating whether cover is required or not, cover details can be found on your Insurance Schedule/Quotation

SECTION 3: Money

Do you require cover for money on the premises and in transit?
Excess as stated on your Insurance Schedule/Quotation

Yes Fixed limit £4,000 No

Yes Fixed limit £8,000 No

SECTION 5: Specified All Risks

If the total sums insured exceeds these bands, please phone Petplan Sanctuary on 0345 070 1064

Equipment	Maximum Sum insured	State below sum to be insured
5a Computer and other equipment <i>Including accidental damage</i> <i>Designed to cover computer, agility, and other equipment, giving UK and European wide coverage.</i> <i>Excess as stated on your Insurance Schedule/Quotation</i>	£0 to £2,000	£
	£2,001 to £5,000	£
	£5,001 to £10,000	£
5b Cups and Trophies <i>Including accidental damage</i> <i>Designed to cover cups and trophies, giving UK and European wide coverage.</i> <i>Value limit £500 for any one cup or trophy unless specifically agreed on the schedule or by endorsement.</i> <i>Excess as stated on your Insurance Schedule/Quotation</i>	Up to £10,000	£

If any one item(s) is valued over £500, please provide details, including sum(s) insured, identification marks i.e. engraving and make, model, serial number if applicable:

Please continue on a separate sheet (if required) and tick this box

SECTION 6a: Loss or Theft of Keys

Do you require cover for loss or theft of keys?

Excess as stated on your Insurance Schedule/Quotation

Yes Limit of indemnity £10,000 No

SECTION 7: Employers' Liability & SECTION 8: Public/Products Liability

Including Member to Member Liability

Employers' Liability - Limit of Indemnity £10,000,000

Excess as stated on your Insurance Schedule/Quotation

Public/Products/Member to Member Liability - Limit of Indemnity £5,000,000

Excess as stated on your Insurance Schedule/Quotation

Do you require cover for **up to** 150 members?

Yes No

Do you require cover for **over** 150 members?

Yes No

Please state the TOTAL number of club/society members:

Do you need cover for shows/events with over 150 participants/spectators at any one time?

Yes Please answer the following questions No

(If Yes, please state the premises where the shows/events are held:)

(If Yes, please state the type of shows/events held:)

(If Yes, please state the total number of shows/events held each year:)

(If Yes, please state the total number of participants/spectators at any one show/event:)

How many staff do you employ?

Full Time Part Time Unpaid

Do you have an Employer PAYE Reference Number (ERN)?

Yes No

(If Yes, please give reference number i.e. 123/AB1234)

THIS INFORMATION IS COMPULSORY

Reference no.

Are you exempt from holding an Employer Reference Number (ERN) because all Employees are paid below the PAYE threshold?

Yes No

(If No, please provide details to explain why there is no Employer Reference Number e.g. volunteers only, self employed people only etc)

SECTION 9: Care, Custody and Control of Animals including Animals in Transit

Do you require cover for death or injury to animals belonging to club members whilst engaged in club/society activities only? **(Cover stated below)**

Yes No

Care, Custody and Control Maximum Benefit per animal	Excess	Maximum Benefit in the Period of Insurance
Veterinary Fees - £350 Death Benefit - £350 Loss by Theft or Straying - £350 Advertising & Reward - £250 Animals in Transit - £2,000	None Animals in Transit only £50 per claim per animal	Maximum Benefit per premises in the Policy Period - £2,000 Animals in Transit - £2,000

Do you refuse admittance if animals are suspected of any infectious/contagious disease?

Yes No

Has any Insurer ever declined, cancelled, increased premiums or imposed special conditions due to adverse claims experience on any previous Veterinary Fees Policy held by you?

Yes No

(If Yes, please give details)

Have you held this type of insurance cover before?

Yes No

PAYMENT

Please confirm your preferred method of payment :

Credit Card
2% Administration Charge will apply

Debit Card

Cheque

Monthly Direct Debit
Payable over 10 months interest free (0% APR)

HOW WE USE PERSONAL INFORMATION

How the Scheme Administrator uses personal information

Brooks Braithwaite (Sussex) Limited are the data controller of any personal information you provide to us or personal information that has been provided to us by a third party. We collect and process information about you in order to arrange insurance policies and to process claims. Your information is also used for business purposes such as fraud prevention and detection and financial management. This may involve sharing your information with third parties such as insurers, brokers, reinsurers, claims handlers, loss adjusters, credit reference agencies, service providers, professional advisors, our regulators, police and government agencies or fraud prevention agencies.

We may record telephone calls to help us monitor and improve the service we provide. For further information on how your information is used and your rights in relation to your information please see our Privacy Policy - www.brooksbraithwaite.com/privacy-policy-legal-notice/. If you are providing personal data of another individual to us, you must tell them you are providing their information to us and show them a copy of this notice.

How Allianz use personal information

For information about how Allianz Insurance plc use your personal data, you can find a copy of the Fair Processing Notice at www.allianz.co.uk. Alternatively, you can request a printed version by calling 0330 102 1837, by email dataprotectionofficer@allianz.co.uk or by writing to the Data Protection Officer, Allianz, 57 Ladymead, Guildford, Surrey GU1 1DB.

For sections 1 to 8 of this policy, Pen Underwriting Ltd act as underwriting agent for a consortium of Insurers noted under the 'Identity of Insurers' notice'.

How Pen Underwriting use personal information

Pen Underwriting Limited are the data controller of any personal information you provide to Pen Underwriting or personal information that has been provided to Pen Underwriting by a third party. Pen Underwriting collect and process information about you in order to arrange insurance policies and to process claims. Your information is also used for business purposes such as fraud prevention and detection and financial management. This may involve sharing your information with third parties such as insurers, brokers, reinsurers, claims handlers, loss adjusters, credit reference agencies, service providers, professional advisors, our regulators, police and government agencies or fraud prevention agencies.

Pen Underwriting may record telephone calls to help us monitor and improve the service we provide. For further information on how your information is used and your rights in relation to your information please see Pen Underwriting's Privacy Policy - <https://www.penunderwriting.co.uk/Privacy-and-Cookies>. If you are providing personal data of another individual to Pen Underwriting, you must tell them you are providing their information to Pen Underwriting and show them a copy of this notice.

DECLARATION

Important information we need to know about

The information you have provided in this form contains statements upon which Underwriters will rely when deciding whether to accept this insurance and the terms on which it may be offered, including the amount of premium payable. If you are in any doubt at all regarding any of the answers you have given, you should contact Brooks Braithwaite (Sussex) Ltd.

You must tell us as soon as you become aware of any changes to the information provided by you after you purchase your policy and during the period of your policy.

Declaration

I/We declare that the information I/we have given in this application is a fair presentation of the risk to Underwriters. I/We understand that if this duty is deliberately or recklessly breached, Underwriters may regard the Policy as void and are not required to return any paid premium.

I/We understand that if such a breach occurs, but was not deliberate or reckless, Underwriters' remedy shall depend upon what Underwriters would have done if I/We had complied with the duty of fair presentation:

1. Underwriters may regard the Policy as void if Underwriters would not have entered into the policy on any terms in the absence of the breach. In this case, Underwriters will return the premium paid.
2. If Underwriters would have entered into the Policy, but on different terms (other than terms relating to premium) the Policy will be treated as if those different terms applied from the outset, if Underwriters so require.
3. If Underwriters would have entered into the Policy but would have charged a higher premium Underwriters may reduce proportionately the amount to be paid on a claim (and, if applicable, the amount already paid on prior claims).

(If multiple proposers then all must sign)

Signed:	<input type="text"/>	Date of Signature:	<input type="text" value="DD/MM/YYYY"/>
Print Name:	<input type="text"/>	Position:	<input type="text"/>
Signed:	<input type="text"/>	Date of Signature:	<input type="text" value="DD/MM/YYYY"/>
Print Name:	<input type="text"/>	Position:	<input type="text"/>
Signed:	<input type="text"/>	Date of Signature:	<input type="text" value="DD/MM/YYYY"/>
Print Name:	<input type="text"/>	Position:	<input type="text"/>
Signed:	<input type="text"/>	Date of Signature:	<input type="text" value="DD/MM/YYYY"/>
Print Name:	<input type="text"/>	Position:	<input type="text"/>
Signed:	<input type="text"/>	Date of Signature:	<input type="text" value="DD/MM/YYYY"/>
Print Name:	<input type="text"/>	Position:	<input type="text"/>